

AN ASSESSMENT OF THE IMPACT ON MENTAL HEALTH SERVICE
PROVIDERS BY SOUTHEAST ASIAN REFUGEES IN MINNESOTA:
A SURVEY OF 50 SELECTED MENTAL HEALTH SERVICE PROVIDERS

BY

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CURA RESOURCE COLLECTION

Center for Urban and Regional Affairs
University of Minnesota
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Since the U.S. withdrawal from Southeast Asia in 1975, America has faced the task of resettling over 450,000 Southeast Asian refugees. It is now estimated that some 21,000 of these refugees are resettling in Minnesota. Approximately 50% of these are Hmong from Laos, with smaller numbers (in decreasing order) of Vietnamese, ethnic Lao, ethnic Chinese-Vietnamese and Cambodian.

In an effort to assess the impact the refugees are having on our mental health service delivery system in Minnesota, the Indochinese Refugee Mental Health Project at Lutheran Social Service has conducted a survey of mental health care providers. The study was funded by the Center for Urban and Regional Affairs, University of Minnesota.

The project represented here is an attempt to respond to the lack of data that mental health providers are faced with. This report attempts to describe individuals in the Southeast Asian refugee population who have made use of mental health services in Minnesota. It also attempts to assess the impact on and the needs of service agencies being effected. This report does not attempt to evaluate the effectiveness of the services as too little is known at this point to set standards.

We believe that at this point mental health problems among the Southeast Asian refugees are just beginning to come to our awareness. Even as their problems begin to emerge in greater number, it is not expected that they will come to our existing types of mental health agencies for assistance.

We recognize the need for the community of helping professionals and others who are in contact with Southeast Asians to gain sensitivity to signs of distress. In order to attempt to meet the needs of Southeast Asian refugees, American service providers must be aware of the enormous cultural differences, not only the difference between American and Southeast Asian cultures, but between the various Southeast Asian cultures (i.e. Hmong, Vietnamese, Cambodian, Thai, Lao, ethnic Chinese).

Since cultural determinants have such a profound impact on a person, American care givers will need to consider cultural variables in making decisions regarding diagnosis, referral and the direction of treatment modalities. It follows therefore that these decisions will vary in their appropriateness and effectiveness based on an understanding of the differences in perception of the problem focused on.

It is our hope that the work we are doing in Minnesota, which this report partially reflects, will be of assistance to American care providers and subsequently to the Southeast Asian refugees who are suffering in varying degrees from the trauma of transition.

Description of Study Population:
Selected Mental Health Care Agencies in Minnesota

The survey (see attached survey and cover letter) was submitted to 50 mental health care service providers throughout the state of Minnesota. Their geographic locations are: 20 in the Twin Cities metro area and 30 out-state. Of these 50 subjects 23 responded. Of the 23 respondents, 5 were from the Twin Cities metro area; 18 were out-state Minnesota.

The agencies form a seven category profile:

1) State Hospitals	9
2) Mental Health Centers	22
3) General Primary Health Care Centers	14
4) Neighborhood Health Clinics	2
5) Private Physicials in General Practice	1
6) Minneapolis Health Department	1
7) University of Mn. Student Mental Health Clinic	1
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Hypothesis

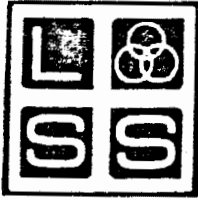
We expected that:

- 1) Our respondents have seen few, if any, Southeast Asian refugees as clients/patients,
- 2) That few, if any, of the agencies surveyed have appropriate bilingual/bicultural staff,
- 3) That few, if any, service providers have been trained to work with or are oriented in their Southeast Asian client's culture, needs, or expectations.

Note:

One of the respondents, a private physician located in the Twin Cities metro area, has seen a total of 1,641 Southeast Asian patients. He is a general practitioner, therefore we cannot conclude that his patients were being seen for mental health related problems. We can however include the routine intake data he provided. Since he is seeing such a large number of Southeast Asians, we believe their demographic characteristics may reflect that of the Southeast Asian refugee population as a whole.

Another respondent, a neighborhood health clinic with a mental health unit located in the Twin Cities metro area also serves a large number of Southeast Asian refugees. This agency stated: "We have 500 Southeast Asian registrants receiving general health care; 98% of these are Laotian, but we have no idea exactly what (mental health) services they have received." As is true for the patients being seen by the private physician, we can accept the basic demographic data reported as representative of the Southeast Asian refugee profile but cannot, for the reason indicated in the quote above, include these clients as among those being seen for mental health services.



LUTHERAN SOCIAL SERVICE OF MINNESOTA

(COVER LETTER SENT WITH SURVEY FORM)

December 4, 1980

Dear

The Indochinese Refugee Mental Health Project at Lutheran Social Service of Minnesota is a statewide program funded under a contract with the Minnesota State Refugee Resettlement Office to provide mental health-related programming aimed at meeting the needs of Indochinese refugees, refugee bilingual service personnel, and Americans relating to and/or providing services to refugees.

Initiated in March, 1980, the project has focused, primarily, on providing training and educational programs to refugee bilingual workers who are employed in a variety of service delivery settings throughout the state. These programs have been tailored to meet the need for issue and skill-oriented training (ex's family problems, counseling skills, etc.) so that bilingual workers are better equipped to function within the American mental health/social service system(s) as well as in their role as independent helpers. The project has also offered workshops for American service providers, consultation and referral services, and career assessments for bilingual workers. Currently, the project coordinator is working in conjunction with the University of Minnesota School of Social Work to create a course for bilingual workers; planning with faculty from the departments of Clinical Psychology and Psychiatry at the University, a mental health paraprofessional training program for Indochinese; and also is involved in many community efforts to help in successful adjustment of refugees.

This fall, the Center for Urban and Regional Affairs (CURA) at the University awarded a personnel grant to the project to conduct a limited study for the purpose of preliminary assessment of the impact of Indochinese refugees on the mental health system in Minnesota. This effort is being conducted by Rick Stasik (CURA graduate assistant) in conjunction with the project coordinator and the included survey/questionnaire is our chosen instrument for gathering data. Through analysis of information gathered, we hope to learn:

- 1) the extent and type of impact that Indochinese refugees are having on the existing system,
- 2) the types of mental health problems that refugees are being seen for, and
- 3) the training and staffing needs of impacted agencies.

Your thoughtful consideration and completion of the enclosed questionnaire will prove to be invaluable to us in the success of this study and will aid us in better meeting your needs for training and assistance. In order for us to complete data collection and

LSS Executive Office

2414 Park Avenue Minneapolis Minnesota 55404

Phone 612 871-0221

analysis within our grant time limit, we ask that you complete and return the enclosed survey form no later than January 2, 1981.

We hope to have a report on the survey ready sometime during January, 1981 and will, of course, send you a copy. In addition, if you have any questions or concerns regarding the study or the Refugee Mental Health Project, please don't hesitate to call me. Thank you very much for your thoughts and cooperation in helping us to better serve the mental health needs of the Indochinese refugees.

Sincerely,

Thomas J. Rogers, Coordinator
Indochinese Refugee Mental Health Project
Refugee Resettlement Program

SURVEY INSTRUMENT

The Impact of Southeast Asian Refugees on Agencies Providing Mental Health Services in Minnesota

This survey is part of an effort to assist you in serving the special needs of Southeast Asian refugees impacting your agency. The Indochinese Refugee Mental Health Project at Lutheran Social Service of Minnesota appreciates your cooperation in providing as much information as you possibly can.

We realize that hard data on all aspects referred to herein may not be accessible to you. We hope, though, to be able to quantify some of what is known as well as what may not be known about Southeast Asian refugee mental health. We can then plan to better aid your agency to meet this difficult challenge and ease the trauma of transition for the refugees.

In order to assist us in gathering as complete and accurate a sample as is possible, please complete as many items as you are able. When you finish, please return in the pre-stamped envelope included in this packet. Thank you.

Please note: If your agency is a provider of general health care (ie: not primarily a mental health agency) in filling out the questionnaire please include only those patients seen for or referred by you for mental health care.

Indochinese Refugee Mental Health Project
Lutheran Social Service of Minnesota
2414 Park Ave. South
Minneapolis, Minnesota, 55404
612-871-0221 / 1-800-582-5260 (Minnesota only)
Thomas J. Rogers, Coordinator

CLIENT/PATIENT PROFILE

- 1) Is your agency currently serving or have you served Southeast Asian refugees during the period between January 1, 1980 through November 30, 1980?
yes _____ no _____
- 2) If there are Southeast Asian refugees in your geographic service area and your agency is not seeing them do you know why? _____

- 3) Do you know which ethnic groups you are serving?
Hmong _____ Vietnamese _____ Cambodian _____
Ethnic Lao _____ Ethnic Chinese _____ Other _____
- 4) Total # of Southeast Asian refugees you have served in period specified in # 1. _____
of males _____
of females _____
- 5) # under 21 years of age _____
over 21 years of age _____
- 6) # employed at intake _____
unemployed at intake _____
- 7) # married _____
single _____
- 8) Length of time in USA:
less than one year _____
more than one year _____
- 9) # able to communicate without interpreter _____
- 10) Religious Affiliation: # Christian _____ # Animist _____
 # Buddhist _____ Other _____
- 11) Primary Diagnosis/Assessment of Problems Seen:
a. Psychosomatic dysfunction # _____
b. Depression # _____
c. Hysteria # _____
d. Anxiety # _____
e. Nostalgia # _____
f. Schizophrenia # _____
g. Chemical dependency # _____
h. Phobias # _____
i. Domestic/marital conflict # _____
j. Learning disabilities # _____
k. Mental retardation # _____
l. Organic dysfunction # _____

DELIVERY OF SERVICES

- 1) Do you have access to bilingual/bicultural workers? yes _____ no _____
- 2) Do you have adequate facilities to service the numbers of Southeast Asian refugees you are serving? yes _____ no _____
- 3) Has your staff had orientation to Southeast Asian cultures? yes _____ no _____
- 4) Is your staff aware of the cultural differences within the separate Southeast Asian ethnic groups? yes _____ no _____

METHOD OF PAYMENT

- 1) # paid by patients'/clients' personal funds _____
- 2) # paid by medical assistance _____
- 3) # paid by patients'/clients' insurance _____
- 4) # paid no fee for service _____
- 5) Other (please specify) _____

TRAINING NEEDS

- 1) Do you have need for additional staff training in serving Southeast Asian refugees?
yes _____ no _____
- 2) Do you have adequate resources in your area to provide needed training?
yes _____ no _____
- 3) If your training needs are not currently being met what kind of training do you need?
 - a. Cultural orientation _____
 - b. Orientation to referral resources _____
 - c. Orientation to Southeast Asian health and mental health issues/views _____
 - d. Other (please specify) _____

STAFFING NEEDS

- 1) Is your agency's need for bilingual/bicultural staff being met?
yes _____ no _____
- 2) If not, what would meet your personnel needs?
 - a. # of staff needed _____
 - b. Ethnic identity of personnel needed _____
 - c. # of hours per week support staff is needed _____

COMMENTS:

AGENCY NAME _____
ADDRESS _____
AREA CODE - TELEPHONE# _____

Thank you for your cooperation

RESPONSES TO THE SURVEY

I. Client/Patient Profile

1. When asked if their agency was currently serving Southeast Asian refugees the responses were as follows:

Yes	9
No	13
No Response	1

2. When asked if they knew why Southeast Asian refugees were not coming in for mental health services when they lived within the agencies geographic service area, of the thirteen who responded "no" to the first questions, 7 responded that they did not know why.
3. The 8 agencies who reported that they are serving Southeast Asian refugees reported serving clients representing 5 Southeast Asian ethnic groups. In order of decreasing numbers they are as follows:

Vietnamese
Ethnic Lao
Hmong
Cambodian
Ethnic Chinese

4. The total number of Southeast Asian refugees reported being served (excluding the 2 agencies referred to in the subject respondent profile) are 32. This represents a total number reported being seen for mental health services.
5. The response to the numbers of clients/patients over and under 21 years of age are as follows:

Number under 21 years of age - 22
Number over 21 years of age - 10
6. In response to the question on the numbers of client/patients who were employed or not employed at the time of intake we found 98% of the total were unemployed.
7. The respondents indicated they did not have access to information on whether or not their clients/patients were married or single.
8. Of the total number of Southeast Asian refugee clients/patients being seen by our respondents, 80% have lived in the U.S. for less than a year.
9. Of the total number of Southeast Asian refugee clients/patients being seen by our respondents 50% were reported unable to communicate without an interpreter.
10. The religious affiliations of the Southeast Asian refugees are roughly distributed as follows:

Christian	33%
Buddhist	33%
Animist	33%

- II. When the respondents were asked to identify a diagnosis or assessment of the problems seen, the responses were as follows:

<u>DIAGNOSIS</u>	<u>NUMBER OF CLIENTS/PATIENTS</u>
Psychosomatic dysfunction	4
Depression	7
Hysteria	1
Anxiety	8
Nostalgia	2
Schizophrenia	2
Chemical dependency	1
Phobias	1
Domestic/marital conflict	7
Learning disabilities	2
Mental retardation	4
Organic dysfunctions	2

III. Delivery of Services

1. Of the agencies surveyed, 7 reported they had access to bilingual workers, 11 said they did not.
2. Of the agencies surveyed, 4 reported they have adequate facilities to serve Southeast Asian refugees, 4 reported they do not, 15 did not respond to this item.
Of the 4 who reported they did not have adequate facilities, none were specific as to what additional facilities or modification they would need.
3. 5 agencies reported that their staff had received orientation to Southeast Asian culture.
11 reported they had not had orientation.
7 did not respond to the item.
4. When asked if their staff was aware of the differences between the separate Southeast Asian ethnic groups

3 reported they are aware
11 reported they are not aware
9 did not respond to the item

IV. Methods of Payment for Services

The number of clients/patients methods for payment of services fall into the following 5 categories:

1. Payment by personal funds - 18
2. Payment by medical assistance - 2286
3. Payment by client/patient insurance - 9
4. No fee for service - 2
5. Other (payment through child welfare) - 1

Note: The general care neighborhood clinic patients and the patients seen by the private physician are included here as the very large numbers they serve would indicate a typical method of payment for health services received by Southeast Asian refugees.

V. Training Needs

1. - 9 of the agencies surveyed indicated that they need additional staff persons to adequately serve Southeast Asian refugees.
- 6 agencies indicated they did not need additional staff.
- 8 agencies did not respond to the item.
2. - 4 agencies reported that they have adequate personnel resources in their area to provide training for serving Southeast Asian refugees.
- 6 reported they did not.
- 13 did not respond to the item.
3. When asked what kind of training needs they had, the subjects responded as follows to the choices provided:
 - a) Cultural orientation - 4
 - b) Orientation to Southeast Asian health and mental health issues and views - 6
 - c) Orientation to referral resources - 6
 - d) Other - 0
 - e) Agencies not responding to item - 7

VI. Staffing Needs

1. When asked what additional personnel they would need and how many hours they would need them to adequately serve the needs of the Southeast Asian refugee clients/patients their responses were as follows:
 - a) 5 agencies indicated they needed (1) additional bilingual/bicultural staff member.
 - b) The ethnic identity of the personnel needed were: 2 - Vietnamese; 2 - Hmong; 1 - Cambodian.
 - c) The 5 agencies that responded that they do need additional bilingual/bicultural staff indicated they would need them as full time employees.

SUMMARY AND IMPLICATIONS

Of the 50 survey instruments that were distributed 23 were returned. It should be noted that many of the instruments returned were only partially completed which made analysis of the data more difficult.

In reviewing the responses to our survey several observations emerged which support our hypothesis. As we anticipated there are not very many Southeast Asian refugees seeking mental health care services, at least not within our formal health care system. We do know from having become familiar with refugees that there is a negative cultural bias regarding seeking psychological counseling or psychotherapy. For the Southeast Asian refugee to do this would be tantamount to admitting weakness. The refugee community may perceive it as a failure on their part to meet the needs of and be supportive to the troubled person.

Some additional observations can be made from the responses to the survey. From the responses, it appears that the majority of Southeast Asian refugees seen at surveyed agencies are unemployed (98%), adult (over 21), and newly arrived in the U.S. (80% in U.S. for less than one year). The overwhelming majority paid for services through the medical assistance program. At least 50% of those reported served were unable to communicate with the service provider without an interpreter. The general picture that emerges is one of a "typical" refugee client/patient who is often unable to speak English, unemployed, and financially dependent.

With respect to the types of mental health problems refugees are most often seen for, we can make only limited observations. Out of a field of 12 major mental health problems given as response choices, three were reported most frequently: 1) depression, 2) anxiety, and 3) domestic/marital conflict. The higher incidence of these problems seems consistent with reports and experience elsewhere. A host of other problems were reported, but not in significant numbers.

From the data obtained, it is difficult to draw any specific conclusions regarding the training and staffing needs of the surveyed agencies except to note that responses indicated a general need for further training efforts and more available bilingual/bicultural staff.

We do know that the Southeast Asian refugees are experiencing significant amounts of stress. In many cases the psychological course associated with transition into our culture can be characterized as psychic rupture with subsequent trauma. It has become clear to us that many of the refugees are experiencing severe psychological distress. That they are not utilizing our mental health care system to get support is evident to us. We hope to assist them in developing support networks within their respective communities here which can provide them a way to ventilate their distress and provide some measure of security so that they may not only be able to survive the shock of displacement but thrive as they merge with our communities.

The physician in private practice who participated in our study is himself a Southeast Asian. The significant numbers of refugees that are seeking care from him attest to several important factors. First, we believe large numbers of refugees are going to him because they trust him. Second, it seems to support the idea that the informal

communication network in the refugee community is operating. This informal network can be a very powerful vehicle for transmitting information and influence throughout the community. This phenomenon suggests to us that if the refugees are going to seek out services they will do so where they feel some measure of safety and understanding. This behavior is obviously not exclusive to Southeast Asian refugees but may operate more conspicuously in groups that are under great pressure.

In 1980, the mental health project coordinator (co-author of this study) visited refugee mental health projects in Seattle, Portland, San Francisco and San Diego. All of the project sites visited provided the services of trained Southeast Asian refugee mental health paraprofessionals. In most cases, even though these paraprofessionals were refugees themselves, the agencies they served observed little utilization by Southeast Asian refugees. Even in areas with very high Southeast Asian populations and with agencies specifically targeting services for the refugee population (i.e.: San Francisco, Seattle) very few Southeast Asian refugees utilize mental health services.

It is generally observed by providers of services to Southeast Asian refugees that they do not seek mental health services until a serious, unmanageable situation occurs (i.e.: requiring crisis intervention and/or hospitalization). This may be explained in part by the fact that there is a social stigma associated with mental illness within Southeast Asian cultures which is extremely powerful.

In Minnesota, the authors are aware of only one American mental health practitioner, a psychiatrist who is seeing a large number of Southeast Asian patients. This physician has qualifications and experience that make him unique in that he has lived several years in Southeast Asia and is functionally fluent in the Lao language. His patient load is primarily composed of Lao and Hmong persons who have a previous knowledge of and trust in this doctor through the grapevine communication network in their communities.

There are several other mental health and social service providers who, either in private practice or within agencies, are seeing small numbers of Southeast Asian refugees but their involvement nearly always comes after traditional methods and support systems have failed to ameliorate a situation. These authors have observed that in most cases, refugees in need of mental health care are referred by sponsors, physicians, nurses, social workers or other Americans involved. By and large they do not seek help themselves nor are they referred by family members acting independently.

A unique and apparently effective system of crisis intervention and mental health service delivery is seen within the Hmong community in Minnesota. The Hmong have a strong traditional family alliance system which they bring with them here. This system provides for the involvement of family elders, community leaders as well as traditional Hmong healers. Though the effectiveness of such a system may be hampered by cultural and societal differences, it appears that many Hmong in need of support and or guidance under stress are receiving their traditional forms of support. This system has been institutionalized to a great extent through the formation of the Lao Family Community, Inc. (formerly the Hmong Association) in St. Paul. The establishment of this organization and service center represents in part, an effort to insure that those in need receive services while respecting and supporting traditional lifeways. Other ethnic groups have similar "mutual assistance" associations which help to preserve the traditional/natural support systems of their respective cultures but none has a center

and program such as the Lao Family Community, Inc. does.

These authors believe many refugees in need of "mental health" services are and will continue to be served within the refugee communities in undocumented ways, thus it must be kept in mind, a survey such as this does not necessarily, accurately reflect the types, degree and extent of mental health problems being experienced by Southeast Asian refugees in Minnesota.

What we have presented is a current picture of the utilization of, primarily, mainstream mental health care providers/agencies by the Southeast Asian refugee population in Minnesota.